



Inspection Report on

St. Johns

**St. Johns House Residential Home
Cae Rowland Street Cwmbwrla
Swansea
SA5 8NY**

Date Inspection Completed

10/08/2023

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About St. Johns

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	6 th January 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

St Johns provided care and support to older people. The building is large however there were reduced numbers using the service due to the refurbishment of the kitchen. The refurbishment has continued longer than expected which has impacted on the wellbeing of people. The use of an outside agency to supply a hot meal has been problematic regarding the quality, choice and temperature of the meals provided. People told us they like living at the service, however activities are not what they were. We saw the type and number of activities had reduced since the last inspection. People have good clear care and support plans in place however people are not involved in the plan or review process. Staff are trained however not all refresher training is carried out in a timely manner and the system in place to monitor and record staff training is not working.

There is good governance by the Responsible individual (RI). The RI regularly visits the service, speaks to people, relatives, and staff to gather, and respond to feedback. The service is managing a large refurbishment project which is affecting staff moral. However, the RI and management team have systems in place to support staff and the wellbeing of people.

Well-being

People are treated with dignity and respect. People are supported by staff who know them for the most part as inhouse agency staff are used regularly. People can make everyday choices and maintain their independence as much as they are able. We saw some kind interactions between people and staff. Staff are not able to access their training records as there is a fault with the system used. We could not confirm refresher training is up to date.

Peoples physical and emotional wellbeing is supported. People receive satisfactory support to meet their needs and outcomes. We saw an activity in the lounge, but people told us that activities are limited due to the kitchen refurbishment which has impacted their mobility and moral. Staff and people confirmed there have been very limited external activities for some time. Staff told us; *"I'm happy but we could provide more entertainment, we were taking people upstairs to make things, the ladies would sit and chat, because of the kitchen we can't, and I think the moral is low because of it"*. We saw people supported by satisfactory risk assessments and good personal plans. However, people are not involved in their personal plan or review process.

People are supported to access health care and services to maintain their health and wellbeing. We saw daily records showing a history of timely referrals to the GP and other related professionals.

People are protected from abuse and neglect. The provider has robust safeguarding policies and procedures in place, which are aligned to current legislation and national guidance. Staff told us they are aware of their role and responsibilities in keeping people safe. Staff are aware of the reporting process and are confident in whistleblowing if needed. Safeguarding training is provided along with appropriate recruitment checks.

People live in suitable accommodation that supports their wellbeing. People are restricted to one communal area due to the refurbishment of the kitchen. People told us this restricts their mobility and the activities available to them. Food sampled was not of a good quality. There is a general refurbishment of the service including rooms on the ground floor. Rooms were made safe and comfortable during the inspection while awaiting refurbishment.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. The provider has admission assessments along with policies and procedures in place to show staff the needs and outcomes of people. The service has a Statement of Purpose (SoP); a document which shows people what they can expect from the service. The provider has produced a general guide to services along with a welcome pack. The guide is reviewed regularly by the RI. The service has personal plans in place reflecting the support needs of people which are regularly reviewed. However, the personal plan and review process does not include contribution from the person or their representative. People told us; *“The review, we have a chat to the carers and if I have any problems, I will speak to someone.”* And *“No, the manager will just chat and sign it off”*. This was noted in the last inspection and while some effort has been made this area for improvement has not been met. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported for the most part by personal plans and risk assessments which reflect peoples need. The standard of care and support is satisfactory people told us; *“I like it here and I would go out if they offered cos, I know they would look after me”*. And *“Because the kitchen is out of action, we have meals in the lounge, so I don’t walk about as much”*. Staff told us; *“Activities, are a lot less since the kitchen, and they don’t get out much”*.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures to safeguard people. We spoke with staff who understood their role and responsibilities in the safeguarding process. Staff are aware of the reporting process and are confident in whistleblowing if needed. Staff told us; *“Wellbeing of people looking after them and making sure everything is in place, the protection of the individual”*. And *“I would say something, and I have”*. The manager and staff confirm they have received safeguarding training however we could not see clear documentation to support this.

The systems for medication management are satisfactory and regular audits take place. Medication administration records are accurately completed. We saw medication is stored securely in locked trollies. Training for staff with responsibility for administering medication was in place and documents showing annual competency assessment were seen.

Environment

The environment does not fully meet people's needs. Renovation to the kitchen is impacting on people's wellbeing. The hot meal being provided by an outside agency is problematic. There is limited choice and quality being provided. The hygiene of the kitchen staff needs improvement we saw staff not wearing the correct kitchen attire. Care was not taken in the presentation of food. Food offered by the service as an alternative to those requiring a specialist diet was limited and of low quality. We found plastic in the food offered to us to sample. People told us they are not mobilising as much as they do not walk to the dining room but stay in the lounge to have food. We observed staff serving food, but no effort was made to make mealtime an enjoyable and social experience. The food hygiene rating for the service is three, meaning hygiene standards are generally satisfactory. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Rooms on the first floor have been refurbished however, rooms on the ground floor are waiting to be completed. The rooms seen needed to be made safe while waiting for refurbishment. This was discussed with the RI and action was immediately taken.

The provider has systems in place to mitigate risks to the health and safety of people. The home was secure on arrival with a key code entry system. We were asked to sign the visitors book in line with fire safety. We looked at personal emergency evacuation plans (PEEPs) for people. Evacuation procedures are specific to the individual to ensure their wellbeing. We saw risk assessments around water temperatures and legionella in place. Routine servicing of utilities such as gas and electricity take place. Materials which have the potential to cause harm are stored securely. There is a formal cleaning schedule, and the environment was clean and tidy.

Leadership and Management

The provider has systems in place for the smooth running of the service. The RI regularly visits the service. Staff told us; *“The RI, is always in the service, he comes in and talks to people and staff I always find him approachable”*. Feedback gathered informs the quality visits and quality of care reviews completed by the RI. The reviews show the manager has guidance on their role and actions to be addressed for improvement of the service. We saw policy and procedures in place; however, these are not always followed by staff. We saw kitchen staff not using correct personal protective equipment (PPE) and staff informed us inhouse agency do not always read the care and support plans of people they support.

People are supported by a service that meets their needs satisfactorily and by staff with the knowledge and skills to support them to meet their individual outcomes. The manager and staff informed us they have been experiencing difficulties accessing and delivering training refreshers. The new recording and monitoring system used by the provider for training is not functioning. Staff have lost training information and are unable to access online training resulting in delays. The RI has brought this to the attention of the provider. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We looked at five staff personnel files and saw that pre-employment checks are now being carried out. Disclosure Barring Service (DBS) checks are carried out and reviewed within regulatory time scales. Staff are supported by routine supervision and appraisals. This was confirmed by documentation seen and speaking with staff. Staff told us; *“Yes, had my appraisal the other day that went well”*. And *“It was useful, we talk about, if I’m doing anything wrong and if I need to improve on something”*.

The provider has oversight of financial arrangements and investment in the service. We saw suitable numbers of staff on the day of inspection and there are further plans to refurbish the downstairs rooms and laundry.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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57	Staff do not follow food hygiene practices and staff should make the meal time experience a social activity to support the wellbeing of people.	New
16	Regulation 16 (4) Where some effort has been made to introduce documentation to support the involvement of people in their care and support this AFI has not been achieved.	Not Achieved
36	Regulation 36 (d) Where some effort has been made to improve training the system used by the provider is not functioning and a true picture of the training delivered is not apparent.	Not Achieved

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